



The Relationship between Work-Family Conflict and Somatic Complaints among Nigeria Banking Workers

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Abstract: *The Study investigated the relationship between work-family conflict and somatic complaints among Nigeria banking workers. Using criterion sampling technique, a total of 90 participants comprising 47 males and 43 females bank workers were drawn from 3 commercial banks and 3 community banks in Enugu metropolis of Enugu in Eastern Nigeria were drawn to participate in the study. The bank workers were within the ages of 25-55 years with a minimum qualification of HND and B.Sc and above. Okonkwo, (2009) work –family conflict interference scale and Ebigbo, et al, (2016), Enugu Somatization scale were administered individually to the participants. A correlational design and statistics were used for data collection and analysis to test the hypotheses which stated that those somatic complaints (intensity and frequency) jointly did not predict Nigerian operation bankers' work to family conflict remarkably. Also that somatic complaint (intensity and frequency) independently did not predict Nigerian operation female/male banker's work to family conflict remarkably. Result showed low negative correlation .092 on intensity of somatization (n=90) between work-family conflict and somatic complaints. Generally, the result revealed a negative correlation on frequency and a positive correlation on intensity of somatization with a strong implication on frequency of symptom manifestation.*

Keywords: *Work-family conflict and somatic complaints.*

INTRODUCTION

It appears that one of the most sorted after job in our society today generally is the banking job. This could be as a result of the good salary they pay their workers and other incentives and as such, fresh graduates and indeed youths of nowadays prefer to work in well-established organizations like bank in order to live a comfortable and satisfactory life; provide for their families, personal life, children and spouses needs etc. Both male and female enroll in this bank work. However, studies have shown that more women enroll and compete favourably with their male counterpart, holding responsibilities and important posts too. Nigeria has witnessed large influx of women employees in recent years (Adegborega & Okesina, 2017).

According to Joshua, (2015) in a study carried out using guaranty trust bank plc in Abakaliki Ebonyi State, Nigeria, there were more female employees in the banking industry than the male counterparts 16(57%) and 12 (43%) respectively. With the increased participation of both parents in paid employment and the consequent of sharing of the household work which was formerly left for the women, there had been emerging new trends in the conflicts between family and work demands. Family- work conflict or family influencing on work is a form of inner role conflict in which family considerations and pressure interfere with effective performance of work (Greenhans & Bentell, 1885). A very good example of family- work conflict is when the responsibilities stemming from performance of family roles such as care-giving obligation to newly born baby, and performance of domestic chores or attendance to family functions clash with the need for a



bank employee to stay late to meet her monthly target and balance her account. Effective performance of such family roles may make successful role participation in organization more difficult. The dual role of motherhood and work may result to family- work conflict which may require exceptional coping capability and skillful balancing to effectively performance of work roles (Torrönen, 2005). Also, thoughts of family difficulties may distract work. Inability to balance family-work roles may lead to psychological distress such as worries, job stress, depression, anxiety, job dissatisfaction, family tension, absenteeism and perhaps resignation from employment (Thomas & Ganster, 1995).

Studies have shown that females are more prone to experience higher work and family conflicts than their males counterpart (Yasin & Abudurahim, 2011) for example many married females were expected to cook, attend to their children and husband, wash, clean the house and relatives and other home roles after a day's work. Furthermore, work- family conflict is a form of inter-role conflict in which the role pressure from work and family domains are mutually incompatible in some respects. The work-family conflict is described as a form of conflict that an individual experience when excessive pressures from performing work roles spill over to family life and creates or increase the pressure stemming from performance of family roles (Netemeyer, Boles & Mcmurian, 1996). That is, participation in the family role is made more difficult due to the stress acquired and time spent performing those work roles. Example of work- family conflict is when a female bank employee may have an urgent need to go for school run and at the same time an important office demand, such as attending to an important customer. If the demands could come at the same time, the female bank employee may not have enough time and other resources to simultaneously satisfy the opposing demands. If she decided to attend to the important customer at the expense of her much needed school run, then her work demand has influenced her family demand.

Other examples include closing work late, getting worn-out at the end of the days works, going back home with work assignments and using family times to conclude such assignments. There other work factors are, found to affect family roles, work overload, extra work time, extensive travels, interpersonal conflict in the office and unsupportive supervisor, (Frone, Russell & Copper, 1992). Such pressure from work can potentially affect spouses, children, associates and community, (Rao & India, 2010). Also employer and customers are sources of stress to employees (Grzywacz & Marks, 2000). Acker (2002) confirmed that while a certain amount of stress is needed to motivate individuals into action, prolonged stress can have a huge impact, on overall health. Stress is fast becoming a major anxiety for employees, managers and government parastatals. Psychological distress is the unpleasant feelings or emotions from maladaptive response to stressors commonly characterized by symptoms of depression and anxiety (Mirowsky & Ross, 2002) and somatic symptoms of insomnia, headache and others. Study on psychological distress is important hence its impact on employees level of functioning, thinking and behaviours' (Carson, Butcher & Mineka, 1996), thereby making it a subject of concern to employees, families and counseling psychologists.



In a study conducted by Carlson, Kacmar and Williams (2000) posited that many female respondents were of the view that excessive stressors result in permeability of work and family duties were high. They attributed these problems to child bearing, children nurturing, cooking after work, large number of costumers they attend to and poor working conditions. The study also highlighted that ill health was experienced by female bankers in their combining work and family duties. A study on level of psychological distress of different bank workers in Turkey also revealed that psychological distress and emotional exhaustion were higher in female workers than in males (Yasin & Abudurahim, 2011). Furthermore, majority of distressed employees do not receive the much needed therapy, and psychological support from their husbands (Hilton, Whitford, Sheridan, Cleary Chant, Wang & Kessler, 2008).

It has been established by previous studies that work-family conflict are related to psychological distress and psychosomatic complaints. However, there is need to examine the frequency and intensity of the somatic complaints particularly the female bank workers. Somatic complaints occur when a person feels extreme anxiety about physical symptoms such as pain or fatigue. The person has intense thoughts, feelings, and behaviours related to the symptoms that interfere with daily life activities. The pain and other problems are real. They may be caused by a medical problem. Somatic pain is a type of nociceptive pain that is also referred to as skin pain, tissue pain, or muscle pain. Unlike visceral pain (another type of nociceptive pain that arises from internal organs), the nerves that detect somatic pain are located in the skin and deep tissues. Somatic complaint is a disorder and is characterized by an extreme focus on physical symptoms — such as pain or fatigue — that causes major emotional distress and problems functioning. You may or may not have another diagnosed medical condition associated with these symptoms, but your reaction to the symptoms is not normal. If you have somatic complaints, you may experience significant emotional and physical distress. Balancing your work-family conflict could help ease somatic complaints, help you cope and improve your quality of life but it is not always easy. Work-family conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible or incongruous in some respect, whereby participation in one role is made more difficult by virtue of participation in the other. Moreover, this means that work-family conflict is both bi-directional (work interference with family / family interference with work) and multidimensional (time, strain, and behaviour-based). And the multi-dimensional nature of work –family conflict occurs in each direction. A significant volume of research suggests that work interference with family and family interference with work are related but distinct constructs (Ajiboye, 2008)

Symptoms of somatic complaint may be:

- Specific sensations, such as pain or shortness of breath, or more general symptoms, such as fatigue or weakness
- Unrelated to any medical cause that can be identified, or related to a medical condition such as cancer or heart disease, but more significant than what's usually expected
- A single symptom, multiple symptoms or varying symptoms



- Mild, moderate or severe

Pain is the most common symptom, but whatever your symptoms, you have excessive thoughts, feelings or behaviours related to those symptoms, which cause significant problems, make it difficult to function and sometimes can be disabling.

These thoughts, feelings and behaviours can include:

- Constant worry about potential illness or inter-role conflict in which role pressures from work and family domains are mutually incompatible in some respect (Flippo, 2005).
- Viewing normal physical sensations as a sign of severe physical illness
- Fearing that symptoms are serious, even when there is no evidence
- Thinking that physical sensations are threatening or harmful
- Feeling that medical evaluation and treatment have not been adequate
- Fearing that physical activity may cause damage to your body
- Repeatedly checking your body for abnormalities
- Frequent health care visits that don't relieve your concerns or that make them worse
- Being unresponsive to medical treatment or unusually sensitive to medication side effects
- Having a more severe impairment than is usually expected from a medical condition.

For somatic complaints, more important than the specific physical symptoms you experience is the way you interpret and react to the symptoms and how they impact your daily life. Literature revealed that somatic complaints are a means of communicating psychological distress (Nichter, 1981). Some called it idioms of distress and it has also formed part of the so called masked depression.

THEORETICAL FRAMEWORK

Role Strain Theory

This theory stated that inter role conflict occur when the role demands of one sphere (work or family) are incompatible hence they compete for limited amount of time, physical energy and psychological resources (Greenhans & Beutell, 1985). The role strain emanating or emerging from this competition results to negative consequences (less job satisfaction and commitment as well as psychological stress in both the work place and family (Harvey, 1991). More so, the opinion of the theory is that long hours may have negative consequences for workers who struggle to balance the demands of work and family life, (Harvey, 1991). Again amount of time committed to work contributes to conflict between employees work and normal life (Gutek, Sierle & Klepa, 1991). This theory offers a reasonable explanation and antecedent of work-family conflict and the potential psychological distress that are consequential to the optimal performance of bank workers. However, it is largely one sided and fails to consider the qualification job status and environmental support (e.g spouse support, age and number of children, support from boss and close colleagues) which may moderate the effect of this role strain. In Igbo society of Nigeria, we believe that work does not kill and one should not run away from his/her responsibilities. It is also common to find sustenance in others and believe in collective responsibility help keep the worker, even the husbands and relative sees the work as their work hence everyone benefit from the bounty that come from thereof. Such supports as



could be perceived help the bank worker, to a great extent in managing work-family conflict, thereby ameliorating the level of psychological distress and somatic complaints (Mgbenkemdi, 2014).

PSYCHOANALYTIC THEORY

Sigmund Freud (1963) initiated this idea, and he believes that unconscious conflict can stimulate anxiety; that anxiety could result from the use of defense mechanism that protect the individual and when the defense mechanism which individuals employ fails them, it leads to symptom formation (somatic complaints). Individual evidencing somatization usually complain of some distress and almost unbearable physical symptoms like, heat in the head or body, weight sensation crawling sensation, dizzy spells, itching sensation, burning in some parts of the body, headache and pain etc. Thus, somatic pain or complain can be either superficial or deep for some. Superficial pain arises from nociceptive receptors in the skin and mucous membranes, while deep somatic pain originates from structures such as joints, bones, tendons, and muscles. Deep somatic pain may be dull and aching, which is similar to visceral pain.

However, major psychosomatic disorders are prevalent all over the world and across many cultures (Gunthrie, Verstraete, Denis & Stern, 1975, Pfeifer, 1978). More, specifically, it appears that it is widespread and common in West Africa (Prince, 1960). In presentation of somatic symptoms, there is no difference in sex, age or occupation rather what influences the degree of occurrence are ethnicity and educational status, (Kabanoff, 1997). Social and personal factors have been reported to have effect on the well being of newly recruited bank workers, students and academic work who complained of headache, blurred vision and insomnia, brain fog- syndrome (Prince 1960; Ebigbo & Ihezue, 1982). Also, cultural factors contribute immensely to the exacerbation or reduction of psychopathology eg. Belief system, social orientation, personality make up like external locus of control and to an extent cultural conflict. It also gives clue to the best approach to therapy (Ebigbo and Ihezue, 1982). In Africa, physical illnesses or mental illnesses are believed to arise from external forces such as God or gods, taboo etc. According to Lambo and Prince, (1963) long permissions at the early developmental stage of an African child leads to personality type called oral personality which eventually delays occurrence of anxiety provoking situations and conflicts related to a child's experience. The oral personality face difficulties when confronted with anal demand (e.g, discipline and punctuality etc) as can be observed in the banking industry). The oral personality, orientation makes them acquire a type of cognitive style known as external locus of control which attributes causation of events in their lives to external forces rather to themselves. Tend to be powerless when they face a problem situation demanding their active response. This types of orientation generates stress, poor attitude to work and mental illness or psychological disturbance viewed from a western angle or when exposed to a western setting. The situation in the banking industry may represent a western setting respectively.

In terms of cultural conflicts which according to Ebigbo & Ihezue, (1982) can induce psychological disturbances, when an African is removed from his/her original environment



(family clan) that used to protect him/her and brought into a western setting, the chances of experiencing mental illness is very high, since they are not acquainted with the western way of life. Based on the above conditions, the personality of the individual, coping strategy and past experiences, some persons may not be able to cope with the stressful conditions and when that is the case could manifest physical symptoms of somatic origin (Mbanefo, 1966). In other words, the above mentioned factors may generate psychological distress to a female banker when confronted with work and family roles respectively. Work involvement (the degree to which a person actively participates in his/her work role) is another job-related factor which determines work interference with family. It has been found that high work involvement is associated with higher levels of work-family conflict (Wiley, 1987). Also, time commitment to work was found to be positively related to work-family (Voyandoff, 1988). For working women, the time spent on work activities was strongly associated with work interference with family (Ngo & Lau, 1998).

Similarly, family interference with work occurs when participation in family responsibilities makes it difficult for one to meet work responsibilities. However, family-related variables have significant impact on work-family conflict. As noted by Adebola (2005), family interference with work is primarily determined by family demands and predicts negative work outcomes. The foremost family-related variable that interferes with work behaviour expectations is number of children at home (Pleck, 1980). Given that child care responsibilities normally rest on women, working wives with more children are likely to experience greater family interference with work (Voyandoff, 1988). Also having young children at home is consistently related to role strain and time shortage for women (Voyandoff & Kelly, 1984). Family orientation is another factor that may lead to work-family conflict (Parasuraman, 1996). It has been observed that working women who have stronger identity with familiar roles are more likely to feel the incompatibility between work and family life (Bielby & Bielby, 1988). Owing to the traditional sex-role ideology, women are socialized to have a stronger orientation to and greater involvement in the family than men. Therefore, for working wives, (especially those working in the banking sector), role strain and time conflict may occur more frequently as a result of dual commitments to employment and to the family.

Carlson, Kacmer and Williams (2000) distinguished three dimensions of work-family conflict (strain-based conflict, time-based conflict and behaviour-based conflict) which occur in both work interference with family and family interference with work. Time-based conflict occurs when the time spent on activities within one role makes it difficult to participate in another role. This form of conflict is positively related to the number of working hours, the amount and frequency of overtime, and the presence and irregularity of shift work. The possibility of flexible working hours is likely to alleviate this form of work-family conflict while a rigid schedule may have an opposite effect (Pleck, 1980). This form of work-family conflict is more likely to occur in work interference with family (Carlson, Kacmer & Williams, 2000). The second form of work-family conflict is strain-based. This is a situation in which strain symptoms, such as stress, pressure, tension, anxiety, and fatigue, experienced within one role intrude into the other role and affect one's



performance in that role. In the case of work-family conflict, the two roles are incompatible in the sense that the strain and stress generated by one make it difficult to comply with demands of another. A number of work role characteristic (including role ambiguity, work demands, stressors, and job autonomy) were found to be related to this form of work-family conflict (Jones & Bulter, 1980). On the other hand, family role characteristics such as the presence of young children and availability of social support from household members were also associated with strain-based conflict (Gove & Geerken, 1977). It follows that strain-based conflict can be present in both work interference with family and family interference with work (Carlson, Kacmer & Williams, 2000). The last form of work-family conflict is behaviour-based conflict, in which patterns of in-role behaviours are incompatible with expectations regarding behaviour within the other role. For example, the managerial stereotype emphasizes aggressiveness, self-confidence, emotional stability and objectivity (Campbell, 1994). These are sharp contrast to the image and behavioural expectations of a wife in the family, who is supposed to be care-giving, sympathetic, nurturing and emotional. This form of work-family conflict will occur more in family interference with work than work interference with family (Carlson, Kacmer, & Williams, 2000).

Statement of The Problem

In the traditional African society and Nigeria in particular, family occupy a very important position in the society. As such, individuals, government non-governmental organization and researchers pay particular attention to what happen in family. In family there is a very close knit relationship and female bankers are under pressure to either continue the job with its attendant pressures due to long hours of work which reduce time devoted for family roles or leave the job to face there family roles, unlike the males. She may choose to leave the job at the expense of the much needed family finance. This situation when it is overwhelming may result to or affect the mental and psychological wellbeing of female bankers. Thus there is need to conduct a proper investigation to examine the extent which married women in the bank sector are affected by work and family conflict and implication of such experience on their psychological wellbeing as they manifest in somatic complaint. This study specifically intends to find out the extent to which somatic complaints (intensity/frequency) jointly and independently predicts family-work conflict among female bank employees in Nigeria.

This study will offer useful practical implication to the banking industry, the family, counselors, and psychologists as well as the general public. The bank management desire highly productive employees in order to remain in business and also the family need a strong tie to function properly, families can better understand the relationship between work pressure and conflicts that exist in their families. The bank and family can in this circumstance set the conditions to help affected female staff to manage work and family obligations/roles. In relation to stressful life experiences, studies have revealed that there is a significant positive relationship between stressful life experience and marital conflict. Since in the extent literature, these studies carried out in non-Igbo culture, revealed that family interference with work impact negatively in the personality of female workers



leading to marital conflict, the present study is not in tandem or did not explore this relationship in Igbo cultural environment. The purpose of this study was to investigate the relationship between those somatic complaints (intensity and frequency) jointly did not predict Nigerian operation bankers' work to family conflict remarkably. Also somatic complaints (intensity and frequency) independently did not predict Nigerian operation female/male banker's work to family conflict remarkably. It was hypothesized as follows:

1. That somatic complaint (intensity and frequency) jointly did not predict Nigerian operation bankers' work to family conflict remarkably. Also somatic complaints (intensity and frequency) independently did not predict Nigerian operation female/male banker's work to family conflict remarkably.

Method

Participants

The participants were drawn from three commercial banks in Enugu metropolis Zenith Bank, Diamond Bank and Union Bank. Three of these banks were randomly selected and the total number of staff that participated in the study was 43 female operation and female marketing bankers. In drawing the sample each of the selected three banks were selected through balloting, purposive sampling technique was applied to draw the participants. Questionnaires were distributed to eighty female employees in these banks.

Instrument

Work family conflict and Enugu somatization scale was used to obtain data for this study. Work-family conflict was measured using the instrument developed by Okonkwo (2009) adapted to suit respondents within the locale of this study. The scale consists of 18 items respondents indicated the extent to which they agreed or disagreed with each item on a four-point scale (strongly agree = 4, agree = 3, disagree = 2 and strongly disagree = 1). Ebigbo, et al, (2016), Enugu Somatization scale were administered individually to the participants The Enugu somatization scale was revised to likert response format to determine intensity and frequency of somatic complaint for example (A) I have constant heat in the head almost never/no, (1) occasionally (2) sometimes (3) always (B) I have server and constant headache most unbearable (4) unbearable (3) mild very (2) mild/not at all (1). The instruction is that those who either feel they do not have the complaint or those who have it a bit all are required to score on the item almost never/no. This is designed to capture those who have the feeling very slight or rarely and who would have a Yes/No answer might have scored No.

Procedure

200 copies of Work-family conflict scale (Okonkwo, 2009) and Ebigbo, et al, (2016), Enugu Somatization scale were administered individually to the participants was produced but only 90 were correctly filled. 76 copies were poorly completed while the remaining 34 copies were not recovered. 3 research assistants were engaged and it took them two weeks to collect the data.



Design and Statistics: Multiple regression tests were used for data collection and analysis..

Results:

Tables 1: Multiple regression test on somatic complaints as predictors of work-family-conflict among Nigeria female operation bankers

M o d e l	β	t - v a l u e	P - v a l u e
Intensity of Somatic	-.171	-.780	.45
Frequency of Somatic	-.086	-.393	.70
			R^2 v a l u e
			F - v a l u e
			P - v a l u e

The results in table 1 show that, the squared (R^2) coefficient correlation is .039, which explained 3.9% of the impact of the predictor variables (intensity and frequency of somatic complaints) on the criterion variable (work to family conflict). The table above also shows that calculated F -value of .401 at $P = .675$, therefore, the hypothesis was not accepted since the P -value is $> .05$ which means the predictor variables (intensity and frequency of somatic complaints) jointly did not predict Nigeria female operation bankers' work to family conflict. Table 1 shows also, the impact of each of the predictor variables (intensity and frequency of somatic complaints) on operations female bankers work to family conflict. Both intensity and frequency of somatic complaints independently did not predict female bankers work to family conflict with β value of $-.171$ and $.086$, and statistically not significant since the P -value $> .05$ and $t = -.780$ and $-.393$, respectively.

Tables 2: Multiple regression test on somatic complaints as predictors of work to family conflict among Nigeria female marketing bankers

M o d e l	β	t - v a l u e	P - v a l u e
Intensity of Somatic	-.358	-1.443	.167
Frequency of Somatic	.088	.229	.370
			R^2 v a l u e
			F - v a l u e
			P - v a l u e

The results in table 2 show that, the squared (R^2) coefficient correlation is .116, which explained 11.6% of the impact of the predictor variables (intensity and frequency of somatic complaints) on the criterion variable (work to family conflict). The table above also shows that calculated F -value of 1.114 at $P = .351$, therefore, the hypothesis was not accepted since the P -value is $> .05$ which means the predictor variables (intensity and frequency of somatic complaints) jointly did not predict Nigeria female marketing bankers' work to family conflict. Table 2 shows also, the impact of each of the predictor variables (intensity and frequency of somatic complaints) on marketing female bankers



work to family conflict. Both intensity and frequency of somatic complaints independently did not predict marketing female bankers work to family conflict with β value of $-.358$ and $.088$, and statistically not significant since the P -value $> .05$ and $t = -1.443$ and $.229$, respectively.

Discussion

The study revealed that somatic complaints (intensity and frequency) jointly did not predict Nigerian operation bankers' work to family conflict remarkably. Also somatic complaints (intensity and frequency) independently did not predict Nigerian operation female banker's work to family conflict remarkably. Therefore the first hypothesis was rejected at $P > .05$, respectively. On the other hand somatic complaint intensity and frequency jointly did not predict Nigerian marketing female bank workers' work to family conflict remarkably. Also, somatic complaints (intensity and frequency) independently did not predict Nigerian marketing female banker's work to family conflict remarkably. Therefore the second hypothesis was rejected at $P > .05$, respectively. These outcomes were not expected, however, it does not mean that the participants do not experience stress that may manifest in somatic symptoms. This is one of the most sorts after work in Nigeria. Many of these women may not like to quit from work because bank pay is above average and such financial support is very much needed in today's family. They apply for this kind of job already prepared for the challenges ahead. Therefore, they may engage in alternative measures that will support or at least help ameliorate the excessive demand from work or family. It is also possible that many of these women may have alternative ways/means of helping themselves, by for examples, employing the services of helpers at home who will take care of their children/ward. These helpers do indeed, cook, prepare children for schools, wash them and their clothing, clean and sweep the rooms/environment. They sometimes take these children to school and bring them back home. In some cases, cooked foods are stored in refrigerators for future use where a female have quadruplet, provide nanny for each of them. More so, others sometime map out a day for their personal business and family, leaving bank work, switching their phone off as soon as they get back home in order not to be disturbed by either, their customers, colleagues or superiors in the office. They may hire drivers to take them to work and back, use laundry/dry cleaners, and then enjoy emotional and physical support from spouse and relatives. The idea is to help reduce stress to a great extent and to avoid or balance clash between work-family role and family-work roles. Marital quality or spouse support is an important buffer against job related stress (Adebola, 2005).

Having a supportive partner, children and the opportunity to talk difficulties at work may help individuals recover from stressful days (Adebola, 2005) and better handle the pressure associated, with their multiple roles (work and family roles) and consequently perform better (Bielby & Bielby, 1988; Ugwu, 1998). This is in line with the theory that although human beings behave alike, think alike and have similar experiences across the globe still their culture, environment and peculiar genetic adaptation over time create peculiar way of perception, experience and behaviour (Gunthrie, Verstraete, Denis & Stern, 1975).



The strengths of this study are the relatively large sample size, the number and diversity of participating bank workers, and the use of standardized, distinct, validated measurements to determine work-family conflict and psychosomatic stressors. The inclusion of a large number of participants increased the precision of our measurements. Selecting participants using randomized lists and recruiting subjects from a large number of banks in a variety of settings decreased the risk of selection bias. Our results are therefore believed to be relevant for most patients/ scholars in primary care in Nigeria and beyond. Moreover, filling-up of questionnaires and some complementary questions addressed by the participants lengthened the filling of the questionnaires. We relied on the instruments developed in Nigeria, a standardized, validated translated questionnaires on mental conflicts and psychosomatic complaints.

Conclusion

Moreover, the fact that the woman is contributing to the family up keep, adds to the quality of marriage since the financial burden of the family is shared. Above all, the findings from this study encourage women to take up banking job as well as the employers to engage women in their banks, since their working in the banks does not affect marital conflict. Also the results encourage the social support network operational in Africa. The extended family system and communal existence should be nurtured to forestall the devastating consequences of women exist from homes in search of greener pastures.

Work-family conflict does not in any way influence marital conflict of mothers in banking sector. It could be deduced that work-family-conflict does not affect marital conflict quality and should not be considered factors in marital instability culminating in divorce that seems to be on the increase. Thus, it is suggested that other factors should be explored in order to forestall instability in marriages.

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